



Provider Communication

Subject:	EDI Provider Enrollment Transition	Priority:	High
Date:	March 3, 2005	Message ID:	ACSBNR03032005_1

Dear Provider:

Effective immediately, ACS will process all EDI Provider/Submitter Enrollment documents here in the state of Georgia. Previously these documents were processed in Tallahassee, Florida. Now you will mail all forms to the mail facility in McRae, Georgia. As a result of this change, there has been an address change to the EDI forms.

We changed where we process the documents to ensure more efficient and accurate processing of your ACS EDI provider enrollment documents. This will, reduce the amount of time it takes for you to enroll to bill electronically. We are very excited about this change and are confident that this change will make your experience with EDI Gateway and Georgia Medicaid more pleasurable.

Updated Forms Effective Immediately

All of the forms have been completely updated and all old forms will not be accepted, *effective immediately*. There have been some minor changes to the existing EDI forms, but the most noticeable is the change of form submission address. The new address is specified on all forms except the power of attorney form. The new form submission address is also specified below in this document.

New EDI Update Form

We have also created a new EDI Update form. Existing submitters and providers need to use this form to update information within the EDI system. You can use this form to update contact information and also allow provider to specify which transactions should be with a specific trading partner.

Note: Please remember that if you are requesting changes in transactions among trading partners that an original power of attorney for EDI will be required.

Where to Get the New EDI Forms

The new documents are available on the ACS EDI Web site at www.acs-gcro.com and on the GHP Web Portal at www.ghp.georgia.gov under "Documents and Forms."





General EDI Enrollment Guidelines

Please follow the following guidelines to ensure that your enrollment package is processed accurately and efficiently:

- All documents must be received together and with the necessary signatures and notary seals. If for any reason a page is missing or does not have the necessary information, the entire package will be returned to the provider for correction.
- Submit all EDI forms to this address or fax number:

ACS

Attn: EDI Provider Enrollment

P.O. Box 4000 McRae, GA 31055

Fax: 1-866-309-0935

The following table can help you determine which forms you need to complete:

If you are	Then complete these forms	
A provider submitting claims via WINASAP2003	EDI Provider Enrollment Form Trading Partner Agreement	
A provider submitting claims via Vendor Software	EDI Provider Enrollment Form Trading Partner Agreement	
A provider submitting claims on the via batch processing on the Web portal	EDI Provider Enrollment Form Trading Partner Agreement	
A billing agent or clearinghouse for providers regardless of submission method	EDI Submitter Enrollment Form Trading Partner Agreement	
Planning to receive your X12 835's via the BBS	Power of Attorney for Electronic Claims Submission with the Georgia Medicaid Payee number that all of your rendering numbers pay to with the Trading Partner ID of the 3 rd Party that will be receiving these transaction for you	
A provider that is using a clearinghouse or 3 rd party billing agent	Power of Attorney for Electronic Claims Submission with the billing agent or clearinghouse's trading partner ID in the designated field.	

If you are using the power of attorney form, please ensure that you do the following:

- Sign and notarize.
- Send original form to the above address. Because original signatures and notarization are required we can't accept a faxed form.